





Minority AIDS Initiative-Continuum of Care Grantee Virtual Meeting, Day 2





Housekeeping

- Closed Captioning is available for the general sessions and requested breakout sessions. The link to each will be in the "Notes" pod in the bottom center of your screen.
- Your slides will be automatically synchronized with the audio.
- You may submit questions to the speakers at any time during the presentation by typing questions into the "Chat" pod on the bottom right of the screen.
- All presentations and resources shared during the virtual meeting will be available for you to download in the "Files" pod on the bottom left of the screen. In addition, they will be available to you on the MAI-CoC section of the CIHS website, under the Virtual Meeting tab.
- You can give the presenters live feedback during their presentation using the "Status Change" button at the top of the screen, which looks like a person raising his hand.
- You can let the presenter know if they need to adjust their volume, pace, or you may simply react to the presentation.
- If at any time you need technical assistance, please use the chat pod to speak to a meeting host or email Hannah Coen at HannahC@TheNationalCouncil.org.

Housekeeping - Audio

Option 1: Computer Mic/Speakers

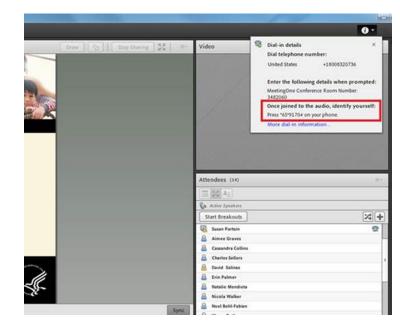
Option 2: System Calls You

Option 3: Call Conference Line

 If you are dialing in, be sure to enter your unique Token ID which can be found in the pop up window upon entering the meeting.

OR

• Click the "i" button on the top right of your screen (see screenshot).









Minority AIDS Initiative Continuum of Care (MAI-CoC) Grantee Webinar Welcome - Day 2

Linda D. Youngman, MS, PhD Branch Chief, Division of Community Programs, Center for Substance Abuse Prevention (CSAP)/SAMHSA

August 12, 2015





National HIV/AIDS Strategy for the US

NATIONAL HIV/AIDS STRATEGY for the UNITED STATES:

UPDATED TO 2020

National HIV/AIDS Strategy for the US was updated in July 2015





National HIV/AIDS Strategy for the United States, Updated to 2020, July 2015



National HIV/AIDS Strategy for the US

indicator 1	Increase the percentage of people living with HIV who know their serostatus to at least 90 percent .
indicator 2	Reduce the number of new diagnoses by at least 25 percent.
INDICATOR 3	Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent .
INDICATOR 4	Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent .
INDICATOR 5	Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent .

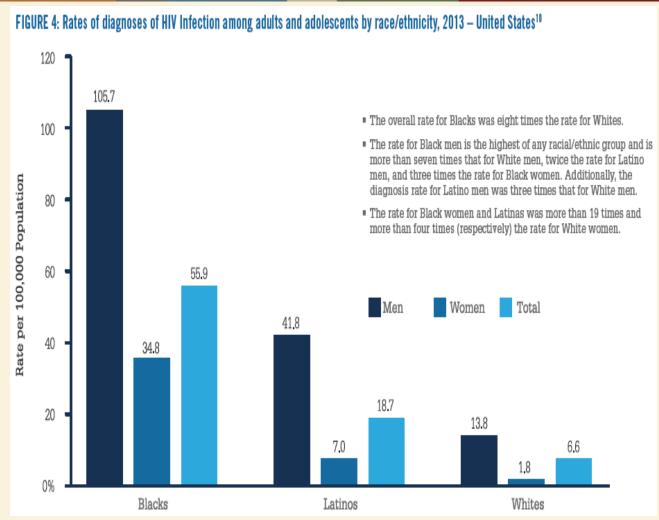


National HIV/AIDS Strategy for the US

INDICATOR 6	Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent .
indicator 7	Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent .
INDICATOR 8	Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent.
indicator 9	Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States.
W INDICATOR 10	Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent.



High Risk Groups for HIV/AIDS

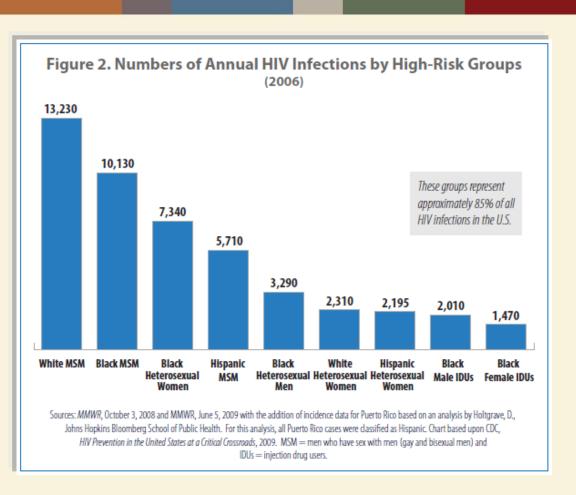


- Overall rate for Blacks was 8X the rate for Whites
- Rate for Black men highest of any racial/ethnic group (7X the rate for White men)
- Rate for Black women 19X the rate for White women
- Rate for Latinas 4X the rate for White women



National HIV/AIDS Strategy for the United States, July 2015

High Risk Groups for HIV/AIDS



The following populations are at greatest risk of new HIV infections:

- Gay and bisexual men
- Black men and women
- Latinos and Latinas
- Substance abusers

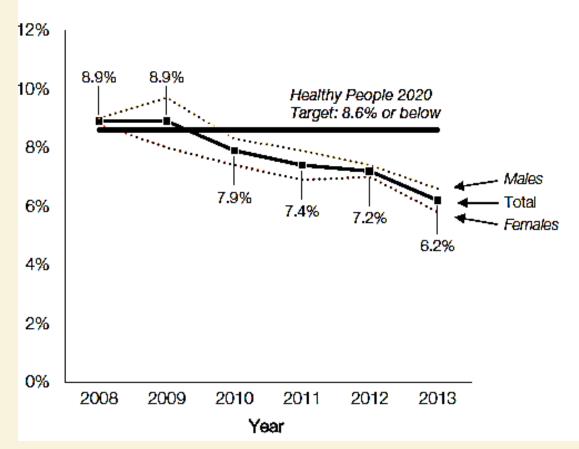
SAMHSA's MAI-CoC is targeted to these high risk groups

National HIV/AIDS Strategy for the United States, July 2010



Alcohol Use Among Adolescents, 12-17, by Gender

Past-Month Binge Alcohol Use among Adolescents Aged 12–17, by Gender (2008–2013)¹





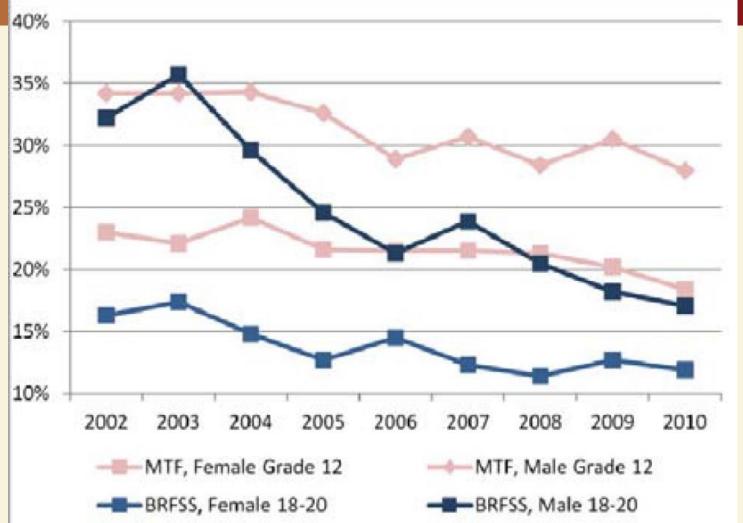
In 2013, 6.2% of U.S. adolescents (an estimated 1.6 million adolescents) were binge alcohol users in the month prior to being surveyed, a decrease from 8.9% in 2008. This percentage has been below the Healthy People 2020 target since 2010.

The percentage of binge drinking among adolescents decreased from 2008 to 2013 for both males and females.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008 to 2013.



Alcohol Use – Past 30 Day Binge Drinking, MTF, BRFSS



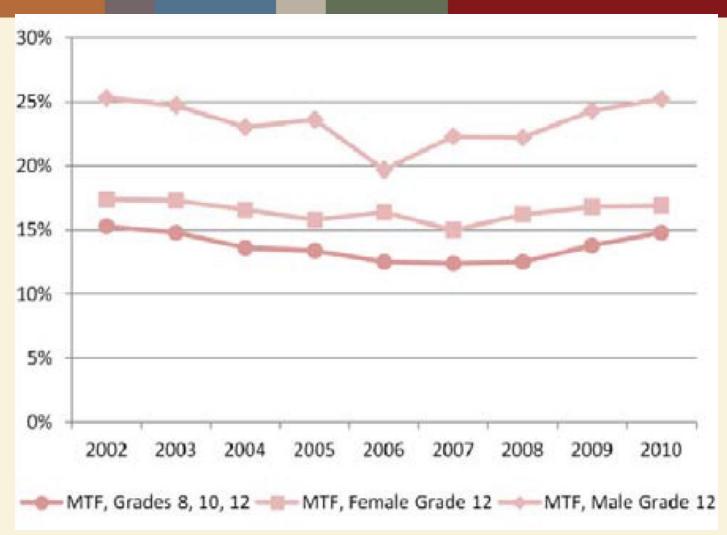
Alcohol use

- binge and
past 30 day
use - is
decreasing
for youth
and young
adults



Monitoring the Future, Behavioral Risk Factor Surveillance System

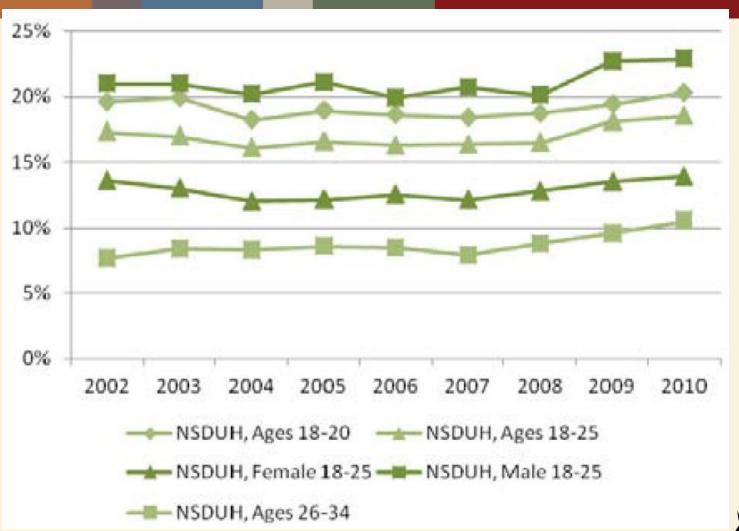
Past 30 Day Marijuana Use, Grade 12, MTF



However, marijuana use is increasing for youth



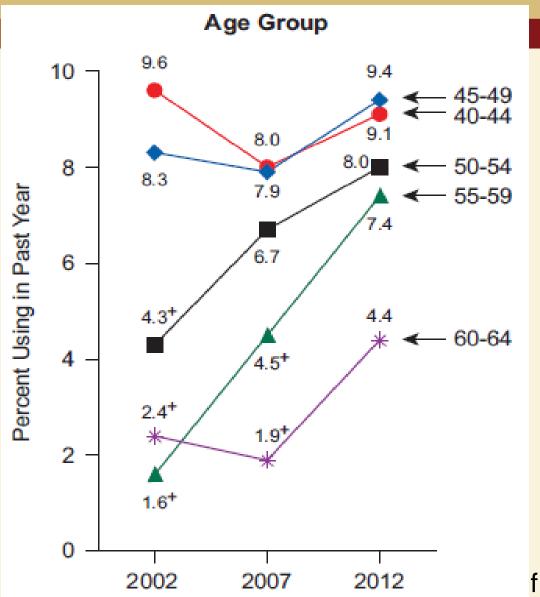
Past 30 Day Marijuana Use, 18-20, 18-25, 26-34, NSDUH



And marijuana use is increasing in young adults.



Marijuana Use by Age Group

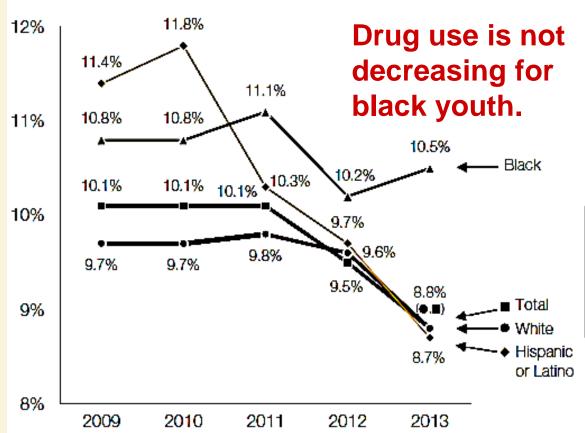


- About 10% of adults aged 45-49 used marijuana in the past year.
- Marijuana use in the past year is lower for older ages, although increasing sharply for >50 yrs of age.
- The trend, for all age groups, is increased use of marijuana.

from: NSDUH, 2012 ***SAMHSA.7(1-877-784MHSA.7(1-877-726-4727)*** 14

Illicit Drug Use Among Adolescents, 12-17, by Race/Ethnicity

Past-Month Illicit Drug Use Among Adolescents Aged 12–17, by Race/Ethnicity (2009–2013)³





In the United States, 8.8% of adolescents aged 12–17 (an estimated 2.2 million adolescents) in 2013 reported using illicit drugs within the month prior to being surveyed.

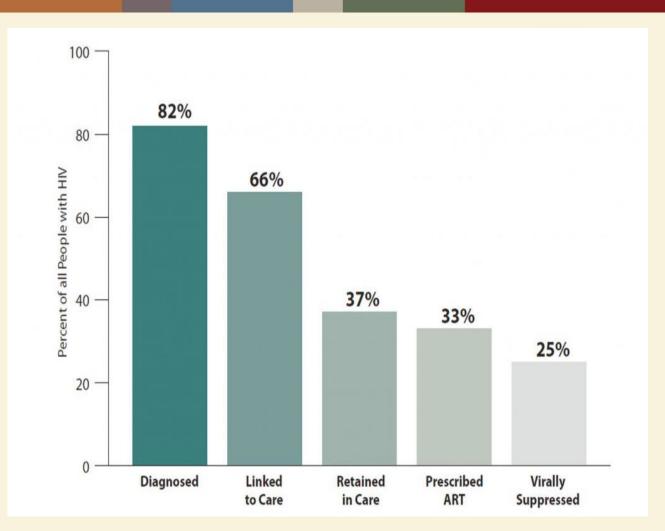
The percentage of U.S. adolescents using illicit drugs decreased from 10.1% in 2009 to 8.8% in 2013. During this time there were significant decreases for white and Hispanic adolescents but not for black adolescents.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009 to 2013.



Behavioral Health Barometer, US Annual Report, SAMHSA, 2014

HIV Care Continuum in the USA



According to CDC data, only 25% of people currently living w HIV are virally suppressed.

SAMHSA's aim is to help improve access to HIV care at all stages in the HIV care continuum.

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-

Questions

 Thank you for your time today and for your dedication to providing integrated substance abuse, HIV medical care and behavioral health care to those in need

I would be happy to answer any questions

Grantee Mini Updates (2 minutes)

HHS Region 4 - Atlanta

AL: Health Services Center, Inc. FL: Coastal Horizons Center, Inc.

FL: Drug Abuse Comprehensive Coordinating Office

FL: River Region Human Services, Inc. (RRHS)

GA: HIV/AIDS Empowerment Resource Center for Young Women

GA: Positive Impact, Inc.

GA: Recovery Consultants of Atlanta, Inc. GA: Saint Joseph's Mercy Care Services, Inc.

HHS Region 3 - Philadelphia

DE: Brandywine Counseling & Community Services

MD: University of Maryland, Baltimore

HHS Region 2 - New York

NY: Albert Einstein College of Medicine - Yeshiva University

NY: Bridging Access to Care

NY: Community Counseling & Mediation

NY: Services for the UnderServed, Inc.

NY: Vocational Instruction Project, Inc.

NY: Whitney M. Young, Jr. Hlth. Center, Inc.

HHS Region 1 – Boston

CT: Yale University

Anyone we missed yesterday?

- Speaker, grantee, and project name
- Type, location, and target population(s) of setting
- Level of integration (integrated or colocated/integrated) and partnering organizations
- Give **one** of the following:
 - Accomplishment, or
 - Opportunity for growth, or
 - Item that makes your project unique



